

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90010 011 ****50.00

DOCUMENT # M96000000318

1. Entity Name

THE AQUA ASSET, L.C.

Principal Place of Business

**7108 FAIRWAY DRIVE, SUITE 130
 PALM BEACH GARDENS FL 33418**

Mailing Address

**7108 FAIRWAY DRIVE, SUITE 130
 PALM BEACH GARDENS FL 33418**

2. Principal Place of Business

745 US Highway One

Suite, Apt. #, etc.

Suite 209

City & State

North Palm Beach, FL

Zip

33408

Country

U.S.A.

3. Mailing Address

745 US Highway One

Suite, Apt. #, etc.

Suite 209

City & State

North Palm Beach, FL

Zip

33408

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0689998

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HEITMEYER, RICHARD
 7108 FAIRWAY DRIVE, SUITE 130
 PALM BEACH GARDENS FL 33418**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

745 US Highway One

Suite 209

City

North Palm Beach

FL

Zip Code

33408

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Richard A. Heitmeyer

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

MGRM

HEITMEYER, RICHARD

**7108 FAIRWAY DRIVE, SUITE 130
 PALM BEACH GARDENS FL 33418**

☐ Delete

10. ADDITIONS/CHANGES

☒ Change

☐ Addition

HEITMEYER, RICHARD

**7108 FAIRWAY DRIVE, SUITE 130
 PALM BEACH GARDENS FL 33418**

☐ Delete

**745 US Highway One - Suite 209
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☒ Change

☐ Addition

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☐ Change

☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Richard A. Heitmeyer

Date

Daytime Phone #

CR2E083 (9/01)